



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## RETAIL TOBACCO LICENSE APPLICATION

LICENSE IS VALID FOR ONE YEAR UNLESS SUSPENDED OR REVOKED.

(PLEASE TYPE OR PRINT AND COMPLETE BOTH SIDES)

| 1 LICENSE TYPE & FEE (Check one)   | 2 LICENSE CATEGORY (Check one)  | 3 BUSINESS OWNER TYPE (Check one)   |
|--|---|---|
| <input type="checkbox"/> Retail Tobacco License<br><input type="checkbox"/> Tobacco Manufacturer Sampling License<br><input type="checkbox"/> Retail Tobacco License, per machine<br><input type="checkbox"/> Delivery Sales License<br><br>Fee: All licenses require a \$50 annual fee and separate application for each location   | <input checked="" type="checkbox"/> New, (\$50 Fee)<br><input type="checkbox"/> Renewal (\$50 Fee)<br><input type="checkbox"/> Change of Ownership (\$50)<br><input type="checkbox"/> Reinstatement (\$50 + Fines)<br><br><input type="checkbox"/> Duplicate, (\$10 Fee)<br><br>OLD ESTABLISHMENT ID #<br>_____ | <input type="checkbox"/> Individual (Sole Proprietor – One Owner)<br><input type="checkbox"/> Partnership (List All Partners' Names And Addresses On Back)<br><input type="checkbox"/> Corporation (List All Principal Officers' Names And Addresses On Back)<br><input type="checkbox"/> Other (Explain) _____ |
| <b>4 BUSINESS OWNER INFORMATION</b>  |   |   |
| (1) Individual Owner's Name<br>(Last) _____ (First) _____ (MI) _____<br>(1) Individual Owner's Social Security Number: ____ -- ____ -- ____ -- ____ -- ____ -- ____ -- ____ -- ____ --   |   |   |
| (2) Individual Owner's Name<br>(Last) _____ (First) _____ (MI) _____<br>(2) Individual Owner's Social Security Number: ____ -- ____ -- ____ -- ____ -- ____ -- ____ -- ____ -- ____ --<br>Corp. LLC, Part.<br>Name: _____<br>Corp., LLC, or Part's Employment Identification Number: ____ -- ____ -- ____ -- ____ -- ____ -- ____ -- ____ -- ____ --   |   |   |
| <b>5 BUSINESS MAILING ADDRESS (For License)</b>  |   |   |
| Mailing Address (Street, PO Box) _____<br>City _____ State ____ Zip Code ____ -- ____ -- ____ -- ____ -- ____ -- ____ -- ____ -- ____ --   |   |   |
| <b>6 ESTABLISHMENT NAME/ TELEPHONE NUMBER</b>  |   |   |
| Business Name _____<br>Telephone (____ __ __) ____ __ __ - ____ __ __ __   |   |   |
| <b>7 ESTABLISHMENT LOCATION ADDRESS (For Delivery Sales indicate where orders are received)</b>  |   |   |
| Street, Road, etc. _____<br>Town, City, Township: _____ Zip Code _____ County _____ State _____  |   |   |
| <b>8 PREVIOUS OWNER'S INFORMATION</b><br>(To be completed if this business location previously had a RETAIL TOBACCO LICENSE)   |   |   |
| Former Business's Name: _____ Retail Tobacco Est. ID# ____ -- ____ -- ____ -- ____ --<br>Former Owner's Name: (Last) _____ (First) _____<br>Former Corp./LLC./s Name _____<br>Mailing Address: (Street) _____ (City) _____ (Zip) _____<br>Location Address: (Street) _____ (City) _____<br><br>Maine law, 22 MRSA § 1553, requires prior owners to return their licenses to the Department with a sworn statement showing the name and address of the purchaser. <b>TRANSFERRED LICENSES THAT HAVE NOT BEEN RECEIVED BY THE DEPARTMENT MAY DELAY ISSUING OF THE LICENSE SUBJECT TO THIS APPLICATION.</b> |   |   |
| <b>PLEASE CONTINUE ON REVERSE SIDE OF THIS APPLICATION</b><br>(BE SURE TO SIGN APPLICATION AND INCLUDE CORRECT LICENSE FEE WITH THIS COMPLETED APPLICATION)  |   |   |

|  |     |        |     |   |     |  |     |              |     |        |     |             |     |
|--|-----|--------|-----|---|-----|--|-----|--------------|-----|--------|-----|-------------|-----|
| <b>9 VENDING MACHINE INFORMATION</b>   |     |        |     |   |     |  |     |              |     |        |     |             |     |
| (Location of vending machine)  |     |        |     |   |     |  |     |              |     |        |     |             |     |
| Location's Business Name _____   |     |        |     |   |     |  |     |              |     |        |     |             |     |
| Business's Location Address: (Street) _____ (Town/City) _____ (State) _____ (Zip) _____  |     |        |     |   |     |  |     |              |     |        |     |             |     |
| <b>10 DELIVERY SELLER INFORMATION</b>  |     |        |     |   |     |  |     |              |     |        |     |             |     |
| (Warehouse location indicates where products are shipped from for delivery sales)  |     |        |     |   |     |  |     |              |     |        |     |             |     |
| Delivery Seller Name _____   |     |        |     |   |     |  |     |              |     |        |     |             |     |
| Warehouse Location Address: _____  |     |        |     |   |     |  |     |              |     |        |     |             |     |
| (Street) _____ (Town/City) _____ (State) _____ (Zip) _____   |     |        |     |   |     |  |     |              |     |        |     |             |     |
| <b>11 ESTABLISHMENT TYPE [Check one (1) of the following categories that best describe your establishment]</b>   |     |        |     |   |     |  |     |              |     |        |     |             |     |
| <input type="checkbox"/> Convenience Store<br><input type="checkbox"/> Convenience Store with Gas<br><input type="checkbox"/> Gas Station<br><input type="checkbox"/> Supermarket/ Grocery Store<br><input type="checkbox"/> General Merchandise<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Country Store<br><input type="checkbox"/> Gift Shop<br><input type="checkbox"/> Restaurant |     |        |     | <input type="checkbox"/> Lounge (Indicate type of liquor license. See below)<br><input type="checkbox"/> Delivery Sales (Internet/ mail order)<br><input type="checkbox"/> Fraternal, Veterans or Private Club<br><input type="checkbox"/> Mobile Sales (Separate license required for each location even in the same town)<br><input type="checkbox"/> Tobacco Specialty Store (At least 60% gross tobacco sales. Indicate Size) (Size) _____<br><input type="checkbox"/> Vending Machine (Separate license required for each machine & for each location)<br><input type="checkbox"/> Sampling (Separate License required for each venue)<br><input type="checkbox"/> Campground<br><input type="checkbox"/> Other: _____ (Example: Adult Book Store) |     |  |     |              |     |        |     |             |     |
| <b>12 ESTABLISHMENT WITH ON PREMISE LIQUOR CONSUMPTION (Check one (1) of the following categories that best describe your establishment.)</b>  |     |        |     |   |     |  |     |              |     |        |     |             |     |
| <input type="checkbox"/> 101 Hotel Lounge*<br><input type="checkbox"/> 102 Class A Lounge*<br><input type="checkbox"/> 103 Private Club<br><input type="checkbox"/> 104 Bed & Breakfast  |     |        |     |   |     | <input type="checkbox"/> 105 Restaurant / Lounge<br><input type="checkbox"/> 106 Tavern*<br><input type="checkbox"/> 107 Bottle Club *<br><input type="checkbox"/> 108 Other (Specify) _____<br>NOTE: ( *) INDICATES MINORS ARE PROHIBITED UNLESS ACCOMPANIED BY A PARENT OR GUARDIAN. |     |              |     |        |     |             |     |
| <b>13 ESTABLISHMENT OPERATING SEASON AND HOURS (Indicate dates and hours of operation)</b>   |     |        |     |   |     |  |     |              |     |        |     |             |     |
| <input type="checkbox"/> Year Round  |     |        |     | <input type="checkbox"/> Seasonal From: _____ to _____  |     |  |     |              |     |        |     |             |     |
| Sunday   |     | Monday |     | Tuesday   |     | Wednesday  |     | Thursday     |     | Friday |     | Saturday    |     |
| From:  | To: | From:  | To: | From:   | To: | From:  | To: | From:        | To: | From:  | To: | From:       | To: |
|  |     |        |     |   |     |  |     |              |     |        |     |             |     |
| <b>14 PARTNERS OR CORPORATE OFFICERS (Attach additional sheet if needed)</b>   |     |        |     |   |     |  |     |              |     |        |     |             |     |
| (NAME) _____ (TITLE) _____ (ADDRESS) _____   |     |        |     |   |     |  |     |              |     |        |     |             |     |
| (NAME) _____ (TITLE) _____ (ADDRESS) _____   |     |        |     |   |     |  |     |              |     |        |     |             |     |
| (NAME) _____ (TITLE) _____ (ADDRESS) _____   |     |        |     |   |     |  |     |              |     |        |     |             |     |
| This application must be signed and dated by the owner, managing partner, or any other person authorized to sign on behalf of the owner, or if corporation by an authorized office or registered agent.  |     |        |     |   |     |  |     |              |     |        |     |             |     |
| I declare that this application is true and complete and that I am 18 years of age or older*.  |     |        |     |   |     |  |     |              |     |        |     |             |     |
| X _____  |     |        |     |   |     |  |     |              |     |        |     |             |     |
| <b>Signature</b>   |     |        |     | <b>Printed Name</b>   |     |  |     | <b>Title</b> |     |        |     | <b>Date</b> |     |
| *Any attempt to deceive public officials by making false statements in this document is a Class D Crime. See 17-A MRSA § 453.  |     |        |     |   |     |  |     |              |     |        |     |             |     |
| Please make check out to " <b>Treasurer of State</b> " for the required fee and send this completed application to:  |     |        |     |   |     |  |     |              |     |        |     |             |     |
| <b>Department of Health and Human Services</b><br><b>Eating &amp; Lodging Program</b><br><b>11 State House Station</b><br><b>Augusta ME 04333 – 0011</b><br><b>If you have any questions please call (207) 287-5671.</b>   |     |        |     |   |     |  |     |              |     |        |     |             |     |